

VZCZCXRO1163  
PP RUEHBC RUEHDA RUEHDE RUEHIHL RUEHKUK  
DE RUEHAM #0894/01 1060553  
ZNR UUUUU ZZH  
P 160553Z APR 09  
FM AMEMBASSY AMMAN  
TO RUEHC/SECSTATE WASHDC PRIORITY 4878  
INFO RUCNRAQ/IRAQ COLLECTIVE PRIORITY

UNCLAS SECTION 01 OF 02 AMMAN 000894

SENSITIVE  
SIPDIS

DEPARTMENT FOR NEA/ELA; GENEVA FOR RMA

E.O. 12958: N/A  
TAGS: [PREF](#) [PHUM](#) [EAID](#) [AORC](#) [JO](#)  
SUBJECT: JORDAN--UNHCR LOOKS AT NEW WAYS TO MONITOR  
ASSISTANCE

¶1. (SBU) Summary: UNHCR-Jordan recently changed the composition of its monitoring and evaluation teams to include staff from both its protection and program offices. UNHCR invited the Refugee Coordinator for assistance to participate on March 30, in the first deployment of the newly constituted teams as they evaluated a partner NGO's provision of health care through a clinic in Zarqa, Jordan's second-largest city and practically a suburb of Amman. As part of the exercise, UNHCR visited the homes of randomly selected health care beneficiaries to determine their satisfaction with services and to collect information about vulnerability. The home visits illustrated the challenges of establishing a refugee's eligibility for humanitarian assistance. End Summary.

#### Monitoring and Evaluation

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¶2. (SBU) UNHCR-Jordan recently changed the composition of its monitoring and evaluation (M&E) teams to include staff from both its protection and program offices. This change in team composition was designed to give a service-based dimension to the monitoring of NGOs that implement UNHCR programming. Until recently, only program staff conducted M&E concentrating on financial responsibility and adherence to targets and guidelines. The inclusion of protection staff is meant to bring a more beneficiary-centered approach to the evaluation process.

¶3. (SBU) UNHCR invited the U.S. Refugee Coordinator for assistance to participate on March 30, in the first deployment of the newly constituted teams as they evaluated CARITAS-Jordan's provision of health care through a clinic in Zarqa, Jordan's second-largest city and practically a suburb of Amman. The monitoring trip was meant to showcase UNHCR-Jordan's new concept of multi-disciplinary monitoring. The team visiting these two families was made up of one UNHCR staff member, RefCoord, and the representative from the European Commission humanitarian assistance organizations, ECHO. As part of the exercise, UNHCR visited the homes of two randomly selected health care beneficiaries to determine their satisfaction with services and to collect information about vulnerability.

¶4. (SBU) The first visit was to the home of Nadia, who lived with her family in a two-room apartment inside a larger complex near a busy commercial district in the working class suburb of Zarqa. Her mother suffered from heart disease, hypertension, and a persistent upper respiratory infection she attributed to their dank, poorly heated apartment. Nadia arrived in Jordan with her mother and late father in 1996 from Iraq to seek medical assistance for her father. She met and married her Jordanian husband and made a life for the family in Zarqa. Both of their children were born in Jordan. When Nadia's father died in 2005, she returned to Iraq and sold all their possessions before returning to Jordan. In late 2006 Nadia and her mother registered with UNHCR to

receive assistance. Nadia qualified as vulnerable and benefits from UNHCR cash assistance programs in Jordan. (She did not tell UNHCR that her husband was Jordanian, and so probably qualified as a single woman head of household.) The family lived off of Nadia's assistance and the father's salary from his job as a laborer. When asked about future plans, Nadia and her mother both said they would remain in Jordan. They had no wish to return to Iraq, and no desire to seek resettlement in a third country.

15. (SBU) The second visit was to the home of Hussein, who fled Baghdad, where he worked as a taxi driver, in 2003. He lives together with his wife and child in Zarqa in a two room basement apartment whose entrance was filled standing water and rooms smelled of mildew. His wife works illegally as a cleaner and their 9-year-old daughter attends public school where she is the only Iraqi girl in her class. To make extra money, Hussein worked in the home for a local merchant folding and packaging diapers for sale in the nearby shops. Hussein said that his whole family fled Iraqi after his sister died from burns suffered in a bombing in their Baghdad neighborhood. His closest living relatives were refugees in Syria. His daughter sat on the floor of the bedroom/sitting room as Hussein talked to the monitoring team wheezing she breathed. Hussein explained that since coming to Jordan the girl suffered from seizures and was taking medication for epilepsy. Doctors had ordered a CAT scan for the girl, but the 45 JD (60 USD) test was slightly above the cost threshold allowed under UNHCR guidelines and had to be approved by the healthcare provider. UNHCR had rejected Hussein's

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application for cash assistance. Hussein said his only hope for the future was resettlement. His family had all fled or died and he would not return to Iraq.

16. (SBU) Comment: UNHCR will investigate these two cases to determine if protection staff should take action in either case illustrated above. It would be injudicious to condemn UNHCR procedures on the strength of one home visit. However, the cases presented here highlight the challenges of determining and keeping track of need among refugees. It is important that the home visit and vulnerability assessment system be controlled, and double checked to ensure that tough decisions are made about who deserves assistance and who might have other means to support themselves. End Comment.

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